

## Connections for Life Through Employment & Education

### Artwork Submission Information Form

<b>Artist Name:</b>
<b>Artist Phone:</b>
<b>Artist Email:</b>
<b>Title of Artwork:</b>
<b>Information about the original piece of art (size, materials used, etc.):</b>
<b>Mental Health Agency Name:</b>
<b>Mental Health Staff Contact Name:</b>
<b>Mental Health Staff Phone:</b>
<b>Mental Health Staff Email:</b>